

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	C04/02
First Named Inventor	KARPETSKY, T.
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYROLYTIC CONVERSION OF SCAP TIRES TO CARBON PRODUCTS

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.					
Application Number(s)	Filing Date (MM/DD/YYYY)		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		
60/261,206	01/16/2001		<input type="checkbox"/>		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address belowName **Roland H. Shubert**Address **Post Office Box 2339**

Address

City Reston	State VA	ZIP 20195-0339
Country US	Telephone (703) 435-4141	Fax (703) 435-1842

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name R. William (first and middle [if any])	Family Name Mengel or Surname
---	---

Inventor's Signature <i>R. W. Mengel</i>	Date <i>December 29, 2001</i>
--	-------------------------------

Residence: City Laramie	State WY	Country US	Citizenship US
--------------------------------	-----------------	-------------------	-----------------------

Mailing Address **1712 Boswell Drive**

Mailing Address

City Laramie	State WY	ZIP 82070	Country US
---------------------	-----------------	------------------	-------------------

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Timothy (first and middle [if any])	P. Karpetsky	Family Name or Surname
--	---------------------	---------------------------

Inventor's Signature <i>Timothy Karpetsky</i>	Date <i>Dec. 28, 2001</i>
---	---------------------------

Residence: City Towson	State MD	Country US	Citizenship US
-------------------------------	-----------------	-------------------	-----------------------

Mailing Address **8219 Ruxton Crossing Court**

Mailing Address

City Towson	State MD	ZIP 21204	Country US
--------------------	-----------------	------------------	-------------------

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	KARPETSKY, T.
Group Art Unit	
Examiner Name	
Attorney Docket Number	C04/02

I hereby appoint:

 Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number
Roland H. Shubert	24,639

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Roland H. Shubert			
Address	Post Office Box No. 2339			
Address				
City	Reston	State	VA	Zip 20195-0339
Country	US			
Telephone	(703) 435-4141	Fax	(703) 435-1842	

I am the:

 Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	R. William Mengel
Signature	R. W. Mengel
Date	December 29, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 2 forms are submitted.

Please type a plus sign (+) inside this box → 

PTO/SB/81 (10-00)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	KARPETSKY, T.
Group Art Unit	
Examiner Name	
Attorney Docket Number	C04/02

I hereby appoint:

 Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number
Roland H. Shubert	24,639

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

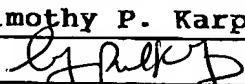
<input checked="" type="checkbox"/> Firm or Individual Name	Roland H. Shubert			
Address	Post Office Box 2339			
Address				
City	Reston	State	VA	Zip
Country	US	20195-0339		
Telephone	(703) 435-4141	Fax	(703) 435-1842	

I am the:

 Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Timothy P. Karpetsky
Signature	
Date	December 28, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.